

CARE LEVELS				SERVICES	CURRENT LICENSURE	PREVIOUS CERTIFICATION	OBRA AND NEW REGULATIONS
NH	BCH	SNF	ICF	NF			
X		X		X	Active program of rehab nursing care directed toward assisting resident to achieve and maintain his or her highest level of self-care and independence. Range of motion and positioning supportive program. Continuous program of bowel and bladder training. All nursing personnel taught rehab procedures and practice them in daily care. MN Rules 4655.5900	Provided by qualified therapist or qualified assistants under supervision of a qualified therapist. Qualified therapists are physical therapists, speech pathologists, audiologists, and occupational therapists. 405.1126(a)	A facility must provide or obtain rehabilitative services, such as physical therapy, speech language pathology and occupational therapy to every resident it admits. 483.45
							Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel. 483.45(b)
						Must be provided by qualified therapists of by qualified assistants under the supervision of qualified therapists. 442.343	
X		X		X	Must complete a 30-hour nursing assistant training program. MN Stat. 144A.61 Subd 6	Qualified nursing personnel. 405.1124	10/1/90: Currently employed nursing assistants must have successfully completed a competency evaluation program (conducted from 7/1/89 to 10/1/90).
							10/1/90: Newly employed nursing assistants must successfully complete a 75-hour training and competency evaluation program within 4 months of hire.

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				NURSE AIDE REGISTRY			State must estab & maintain registry of all trained & competently evaluated nursing assistants. Registry shall contain info on NF staff found guilty of resident neglect, abuse or misappropriation of resident property. Info shall be made available to the public. 483.154(c)(iv)
X	X	X	X		Bill of Rights: Info about rts, courteous trmt, approp health care, physicians' relationship w/ other health svcs, info re: trmt, participate in planning trmt, continuity of care, rt to refuse trmt, freedom fr abuse, trmt privacy, confid records, svcs avail, responsive svc, pers privacy, grievances, communications privacy, pers property, vendor choice, svcs for facility, experimental research, finan affairs, rt to assoc, adv councls, married res, transf & disch, protection & advoc svcs, isolation & restraints, trmt plan, distrib & posting of rights. M.S. 144.651, 144.652	Written policies available to public. Inform resident of rights, services, charges. Physician inform resident of medical condition; can participate in treatment planning. Transfer or discharge only for medical reasons, resident's or others' welfare, nonpayment of stay with advance notice. Freedom from abuse, chemical and physical restraints. Respect, dignity, privacy, freedom of association and activities. 405.1121(k)	Level A requirement: Resident rights, exercise of rights, notice of rights and services, protection of resident funds, free choice, privacy & confidentiality, grievances, examination of survey results, work, mail, access to facility, access and visitation rights, telephone, personal property, married couples, self-administration of drugs. 483.10(a) thru (o)

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				X	RESIDENT RIGHTS, cont'd.			Level A requirement: Admission, transfer and discharge rights; transfer and discharge, notice of bed hold policy and readmission (eff. 10/1/90); equal access to quality care; admissions policy; resident care policies. 483.12
								Level A requirement: Resident behavior and facility practices; restraints, abuse, staff treatment of residents, investigations within 5 days. 483.13
X	X	X	X	X	RESIDENT ASSESSMENT AND CARE PLANS	Case mix assessments for ADLs, special nursing, neuromuscular condition, behavioral condition. Within 10 days of admission and at least twice annually; 5 days and 30 days after return from hospital. MN Rules 9549.0058 and 9549.0059	Resident care management. Written patient care plan implemented on admission; reviewed and updated as necessary. 405.1124(d)	Assessment of ADLs, impairments, medical history, functional status, nutritional status, special treatments, psychosocial status, discharge potential, dental condition, activities/rehab potential, cognitive status, drug therapy. 10/1/90: within 4 days of admission. Review quarterly. 483.20

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			RESIDENT ASSESSMENT AND CARE PLANS cont'd.		Written rehab care plan Report to physician within 2 wks of start; re-evaluate every 30 days. 405.1126(b)	
X	X		Written care plan for each resident, reviewed every 30 days, revised as needed. MNI Rules 4655.6000			
		X			Written plan of care, reviewed and revised at least quarterly. 442.341	
					Written rehab plan of care. Reviewed regularly, revised as necessary. 442.343	
		X				Residents with a diagnosis of MI or MR must be assessed for appropriateness of placement and need for active treatment services. Residents assessed annually. Inappropriately placed residents must be relocated. Applicants with MI/MR diagnosis must be assessed before admission. 483.20(f)

OFFICIAL

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Supersedes: 87-52

Supplement 1 to
Attachment 4.19-D
State Nursing Home
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Minnesota Statutes 1989, Section 246.50, Subdivision 5:

"Cost of care" means the commissioner's charge for services provided to any person admitted to a state facility.

For purposes of this subdivision, "charge for services" means the cost of services, treatment, maintenance, bonds issued for capital improvements, depreciation of buildings and equipment, and indirect costs related to the operation of state facilities. The commissioner may determine the charge for services on an anticipated average per diem basis as an all inclusive charge per facility, per disability group, or per treatment program. The commissioner may determine a charge per service, using a method that includes direct and indirect costs.